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The Parochial School Health Committee of The Catholic Physicians' Guild of New Orleans Its Formation and Activities*

DURING the middle of the year 1951, through the cooperation and guidance of Msgr. Henry C. Bezou, the Archdiocesan Superintendent of Schools of the Archdiocese of New Orleans, a group of Catholic physicians decided to undertake a Health Program for the Catholic Schools of the greater New Orleans area. The need for such a program seemed obvious. A special survey of the Public School health conditions had been made in 1949, and it is possible that the results of this survey provided an impetus, through the Archdiocesan Superintendent, for the initiation of this effort. The first meeting was held on June 14, 1951. This and all subsequent meetings of the group have been held in the office of the Superintendent. The objects of the program were stated as follows:

1. To promote a program of physical examinations of all parochial school children;
2. To encourage parents to bring their children to their family physicians for this examination;
3. To furnish this service for those children whose parents were

unable to afford private medical care;

4. To standardize measures for emergency medical care;
5. To educate the child, his family and teacher in health matters.

The initial group consisted of approximately ten physicians. From this beginning, the group has grown to one of some eighty physicians who participate in the program in one capacity or another. The Chairman of the Health Committee of the Catholic Schools Cooperative Clubs also attends the meetings of the group. The meetings are held approximately four times during the year. These meetings are largely for the purpose of formulating plans and policies and giving direction to the activities of the group. At the present time, the group has come to be known as the Parochial School Health Committee and is now a Committee of the Catholic Physicians' Guild (since 1953). Most of the participating physicians are members of the Catholic Physicians' Guild but there is an appreciable number of non-Catholic physicians who have also taken part in this program. Member physicians are assigned one or more schools, preferably in the environs of their

*This report was prepared by Drs. James T. Nix, Nick J. Accardo, and W. H. Harris, Jr., who have served terms as chairman of the Parochial School Health Committee.

home or office. These physicians are responsible for the health program in these schools. In order to maintain continuity and to accomplish good school-physician relationship, the assignments are not rotated.

Activities

The present activities of the Parochial School Health Committee consist of the following:

1). *Physical examinations.* Physical examinations are provided for children in the Parochial and some of the private Catholic schools in [Orleans, Jefferson and St. Bernard (Civil)] Parishes in the area of greater New Orleans. This comprises a group of sixty-nine schools. Until this year, in all but one school, only children in the first grade have been examined. The total school population for elementary schools in this area in the parochial and private schools is approximately 38,000. It is therefore estimated that approximately four to five thousand children are in the first grade in this group. From the beginning, the committee has emphasized that these children should be examined by their private physicians. The function of the committee in this activity has been to examine those children who are not taken care of by their private physicians. The examinations are recorded on the Louisiana State Department of Health Student Health Record forms, provided by the Health Department. The health records are kept on file in each school. In 1954-55, 2,597 children were examined in this program. Previous years showed a somewhat higher

number of children examined. It is obvious that not 50% of the children in these schools are from families unable to provide for this examination by their private physicians. However, the Committee has taken the attitude that it is better to examine the children, after the parents have been urged but have failed to have the examination done by a private physician, rather than let the children go unexamined at all. Actually, there has been a gradual decrease in the number of children examined each year, although the number of schools covered has increased; thus, parents are being gradually educated to the idea of a routine physical examination for their children.

The leading defects which have been found from year to year are: dental caries, enlarged tonsils, orthopedic defects, especially poor posture, intestinal parasites, and skin rashes. At the time of the examination, also, the immunization record of each child is reviewed and it has been consistently noted that a fairly large number of the children lack proper immunizations (perhaps 3 to 4%).

2). *Visual Program.* From the beginning, there has been an Ophthalmologist in the Committee. The visual program has taken the form of a routine eye examination, using the Massachusetts test. Each school has been urged to procure the inexpensive equipment needed for this test. The Ophthalmologist has made talks to parent groups and has made available office time to representatives from the schools in order to instruct people in each

school in the use of the equipment for the test. The test is then conducted by these people in their respective schools. Many of the schools have taken advantage of this opportunity, though the response here has been less than it should be.

3). *Hearing Program.* The hearing program was started two years ago. At this time, two Otolaryngologists became interested in the work of the Committee and offered to conduct the hearing program. Through their efforts and with the aid of audiometers purchased by the Catholic Schools Cooperative Clubs, the hearing tests have been conducted on a large number of the children not only in the first grade but in the other grades of the schools of this area. Teams of lay-ladies, from the various Mothers' Clubs, instructed in the use of these machines, conduct the initial screening examinations. Those children who do not pass the screening test are then brought to the Otolaryngologist for a more detailed test in a sound-proof room. Some 3,500 children are given the screening test each year. In 1954, 200 of these did not pass the screening test. Of these 200, about 100 came in for the recheck and of these, 50 showed definite defects. Of these 50 children, only 11 were cases in which the parents were actually aware of the hearing problem of their children. This month, through a generous donation, the Archdiocesan School System has acquired a bus in which a sound-proof booth for audio testing will be installed. This will be known as the Healthmobile.

4). *Laboratory Examinations.* A stool and urine examination is provided by the State Health Department Laboratories for all first grade children. The Chairman of the Health Committee of the Catholic Schools Cooperative Clubs arranges the schedule for the schools with the Health Department for the submission of these specimens for examination. These examinations have been valuable, with the finding of parasites in two to ten percent of the children in various years.

5). *Dental Program.* From the beginning, it became obvious that dental caries was the most common defect which was found in these children. In 1954, a dentist joined the Committee and through his efforts the Dental Society of this area undertook to conduct a "dental health day" for the Parochial schools. This is to be an annual activity. Last year some 40 or 50 dentists cooperated in carrying out this work. It was reported that perhaps as high as 85 to 90% of the children examined by the dentists showed need for dental care. A major problem, of course, is how to provide the needed dental care in such a large group. Efforts will be made in this direction in the future.

6). *Other activities.* Among the members of the Committee is a Neuropsychiatrist. He has given a talk to the principals of the schools in this area, stressing some of the possible problems in children in this field. He has offered to co-operate with the various schools in working out any problems which are brought to his attention.

The Committee has also functioned in an advisory capacity at times for the Archdiocesan Superintendent of Schools. Fluoridation of water supply, for example, has met with considerable discussion in this area. The Superintendent was interested in obtaining the views of the Parochial School Health Committee in this matter. Of course, it seemed to the Committee that such a step would be highly beneficial, particularly in view of the high rate of dental caries in these children.

The Committee functioned in a somewhat emergency capacity during the past year, when the Salk Poliomyelitis vaccine became available to the school children of the first and second grades. The Archdiocesan Superintendent turned naturally to the Parochial School Health Committee for the administration of this vaccine to the Catholic school children, since the Health Department did not have sufficient personnel to cover our schools. During this time, some 7,500 to 8,000 children were given their first dose of the vaccine through the efforts of this

Committee. Approximately, half this number of children returned for the second dose, and about 2,700 for the third dose.

The entire health program uses community services, volunteer personnel, and is conducted without cost to the Archdiocese.

Summary and Conclusion

The Parochial School Health Committee of the Catholic Physicians' Guild of New Orleans provides an important service in the field of routine physical examinations, visual and hearing programs and routine dental examinations. It is available in an advisory capacity in health matters to the Archdiocesan Superintendent of Schools. Each year the program of the Committee has tended to expand somewhat. It is earnestly hoped that better health in the Parochial school children, the real aim of this Committee, is being steadily accomplished.

It is hoped also that this report may be stimulus to other Catholic Physicians' Guilds to organize similar projects for Catholic schools in their area.



The Principle of Totality

Part-for-the-whole

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THE principle to be applied in judging the morality of most mutilating procedures is the principle of the part-for-the-whole. St. Thomas Aquinas enunciated this many centuries ago when he wrote:

Since any member is a part of the whole human body, it exists for the sake of the whole as the imperfect for the sake of the perfect. Hence, a member of the human body is to be disposed of according as it may profit the whole. *Per se*, the member of the human body is useful for the welfare of the whole body . . . If, however, a member, by reason of its diseased condition, should endanger the well-being of the whole body, it is permissible, with the consent of him whose member it is, to remove this diseased member for the well-being of the whole body.

St. Thomas spoke only of a "diseased" member. This should be understood as merely one example, and not as a necessary limitation, of the principle of the part-for-the-whole. Through the centuries eminent moralists have discussed three typical cases in which the principle might be applicable. The first of these concerns the diseased organ, as in the example given by St. Thomas. The second is illustrated by the case of the man whose foot is caught in a railroad track and who can save his life only by amputating the foot. The third

concerns the perfectly healthy man who is ordered by a tyrant, "Cut off your hand or I'll cut off your head!" In all cases the sacrifice of the part would be permitted as a necessary means of preserving life.

The third case may sound fantastic (although, as a matter of fact, examples in which it is equivalently verified are not rare even in our modern and "advanced" civilization), but both it and the second case illustrate the point that a destructive procedure can be justified even though an organ is not diseased in the technical sense. The main point is not so much the diseased or nondiseased condition of an organ, but rather that its presence or its functioning would be a real source of harm to the whole body. (This last point needs some slight qualification—but I shall indicate that later.)

In all the typical cases the organ is sacrificed in order to ward off the danger of death. This extreme is not necessary. The bodily members and functions exist not merely for survival but also for maintaining a reasonable state of well-being. The sacrifice of a part is permitted, therefore, when

this is necessary for alleviating great pain or removing an incapacitating condition. But the benefit to be reaped in terms of total well-being should be proportionate to the destruction involved. Good morality demands this, and good medicine concurs.

TEACHING OF PIUS XII

On October 8, 1953, Pope Pius XII addressed the Twenty-sixth Congress of the Italian Society of Urologists. These doctors were especially concerned about the morality of castration in the treatment of cancer of the prostate because this operation entails the destruction of sex glands that are themselves healthy. Relative to this problem, the Pope said:

Three conditions govern the moral licitness of surgical intervention which entails anatomical or functional mutilation. First, the continued presence or functioning of a particular organ causes serious damage to the whole organism or constitutes a threat to it. Secondly, the harm cannot be avoided or notably reduced except by the mutilation which, on its part, gives promise of being effective. Finally, one can reasonably expect that the negative effect—i.e., the mutilation and its consequences—will be offset by the positive effect: removal of danger to the entire organism, palliation of pain, etc.

The decisive point here is not that the organ which is removed or rendered inoperative be itself diseased, but that its preservation or its functioning entails directly or indirectly a serious threat to the whole body. It is quite possible that, by its normal function, a healthy organ may exercise on a diseased one so harmful an effect as to aggravate the disease and its repercussions on the whole body. It can also happen that the removal of a healthy organ and the suppression of its normal function may remove from a disease, cancer for example, its area for development or, in any case, essentially alter its conditions of existence. If no

other remedy is available, surgical intervention is permissible in both cases.

The conclusion that We have drawn is deduced from the right of disposition that man has received from the Creator in regard to his own body, in accordance with the principle of totality, which is valid here also, and in virtue of which each particular organ is subordinated to the whole body and must yield to it in case of conflict. Consequently, he who has received the use of the entire organism has the right to sacrifice a particular organ if its preservation or its functioning causes to the whole a notable harm that cannot be avoided in some other way.

It should be noted that, when speaking of the sacrifice of a part for the good of the whole, the Pope used the expression "the principle of totality." He has used this expression often to designate what I have termed the principle of the part-for-the-whole. As far as I have been able to trace it, his first public use of the expression was in his important address on the moral limits of medical research and experimentation given to delegates to the First International Congress on the Histopathology of the Nervous System, September 13, 1952. (For an English translation of this address, see LINACRE QUARTERLY, Nov., 1952, pp. 98-107.)

In this discourse to the histopathologists, the Pope discussed the three reasons frequently alleged as justifications for experimentation on human beings. The first of these, the advancement of science, he admitted to be valid within properly defined limits. Speaking of the second alleged reason, the good of the patient himself, the Pope brought out three points: first, that the patient's consent is always required,

even when an experimental or research procedure is for his own good; secondly, since he is not the owner of his body, but only the administrator, the patient's right to dispose of his members and functions is limited; and thirdly, as a good administrator, the patient may dispose of members and functions insofar as this is required for the good of the whole. The exact words of the Pope on these last two points are worth recalling:

. . . Because he is a user and not a proprietor, he does not have unlimited power to destroy or mutilate his body and its functions. Nevertheless, by virtue of the principle of totality, by virtue of his right to use the services of his organism as a whole, the patient can allow individual parts to be destroyed or mutilated when and to the extent necessary for the good of his being as a whole. He may do so to ensure his being's existence and to avoid or, naturally, to repair serious and lasting damage which cannot otherwise be avoided or repaired.

Again and again Pope Pius XII has referred to the principle of the part-for-the-whole; and again and again, especially since the address to the histopathologists, he has designated it as the principle of totality. Since this principle is of the greatest importance in medicine, it seems advisable to study it carefully and to note the cases in which it is or is not applicable. I shall begin with the negative: that is, with an outline of the cases in which the principle is either not applicable at all or has only a sort of qualified application.

NON-APPLICATION OF PRINCIPLE

I have already indicated two of the alleged reasons for justifying

experimentation on human beings that were discussed in the address to the histopathologists: the good of science, and the good of the patient. The third alleged reason is the good of society, the common good. Those who advance this reason for experimentation really mean that the human person is subordinated to society in the same way that a member of the human body is subordinated to the whole. This is totalitarianism, pure and simple. We have seen its devastating effects during the Nazi regime and in Communist countries. The Holy See has consistently condemned it. Pope Pius XII devoted approximately one half of his lengthy discourse to the histopathologists to the discussion of this reason, developing a theme that he had already stated more briefly in the encyclical on the Mystical Body (June 29, 1943) and in his discourse to the Roman Guild of St. Luke (Nov. 12, 1944). A quotation from the encyclical will suffice for our purpose:

In a natural body the principle of unity unites the parts in such a manner that each lacks its own individual subsistence; on the contrary, in the Mystical Body the mutual union, though intrinsic, links the members by a bond which leaves to each the complete enjoyment of his own personality. Moreover, if we examine the relations existing between the several members and the whole body, in every physical, living body, all the different members are ultimately destined to the good of the whole alone; while if we look to its ultimate usefulness, every moral association of men is in the end directed to the advancement of all in general and of each single member in particular; for they are persons.

These few words contain the kernel of a truth that Pope Pius

XII has missed no opportunity to teach, sometimes at great length — a truth that has been constantly taught by great philosophers and theologians. To put it briefly in terms of our present subject, it means that the principle of totality is a principle of subordination of part to whole. This subordination does exist in the physical body: e.g., the hands, the eyes, the gall-bladder, etc., exist for the good of the whole. But the subordination does not exist in any society, civil or religious; hence the moral justification of sacrifices made for the good of these societies or for individuals who belong to the societies cannot be found in the principle of totality. It must be found in some other principle, such as the law of fraternal charity. In terms of some concrete medical problems, this means:

a) To some extent, a person may allow himself to be the subject of harmful medical experimentation and research for the good of society or of others or for the advancement of medical science. But the philosophical justification for this is not the principle of totality. It must be a principle which acknowledges the dignity and independence of the human subject. The best reason, as I have just indicated, seems to be the law of charity, which is based, not on the subordination of one individual to another or to society, but on the common bond of human nature (and, in the supernatural order, on the bond created by sanctifying grace), a bond which makes one's neighbor

"another self." (The limits to which harmful experimentation or research for the good of others may be permitted are explained in "Experimentation," *Medico-Moral Problems*, V, 45-46.)

b) It is beyond controversy that such minor mutilations as blood transfusions and skin grafts are permitted, and even laudable, for the good of the neighbor. Here again, however, the justifying reason cannot be the subordination of one person to another, but rather the law of charity, as explained above.

c) Whether a major mutilation such as would be involved, e.g., in a renal transplant, is morally justifiable for the good of one's neighbor is still a matter of controversy. Of course, the spontaneous judgment of the ordinary person is that this is an act of heroism. But these spontaneous judgments are not always accurate; no doubt, such judgments might be formed regarding some things we know are wrong, e.g., mercy killing in some extreme circumstances. Theologians do not neglect such judgments, but they examine them closely before concurring with or rejecting them. In the present matter, many eminent theologians hold that major mutilations for the good of the neighbor are not permitted because this exceeds the power of administration that one has over his body. An approximately equal number of distinguished moralists think that such mutilations are justifiable. For more detailed information on this controversy, see "Or-

ganic Transplantation," in *Medico-Moral Problems*, III, 22-25; also *Theological Studies*, Dec., 1954, pp. 602-605; Sept., 1955, pp. 391-396, and Dec., 1955, p. 572. In this matter, too, it should be observed that, even if organic transplantation can be justified, the reason cannot be the principle of totality.

QUALIFIED APPLICATION

The preceding paragraphs outline cases in which the principle of totality simply does not apply because the requisite subordination of part to whole is not had. Now I should like to indicate two types of cases in which it might be said to apply, but with a certain qualification.

a) *Procedures that induce sterility.* From a moral point of view it is always important to distinguish between direct and indirect sterilization. Sterilization is *direct* when sterility is purposely induced (e.g., when healthy tubes are ligated or resected to prevent a pregnancy that would be dangerous because of heart disease). Since direct sterilization is never permitted (cf. "Catholic Teaching on Contraception and Sterilization," *Medico-Moral Problems*, V, 23-26), it is clear that the principle of totality has no application here. The precise reason for this seems to be that the reproductive power as such is not directly subordinated to the individual; hence, the essential condition for the application of the principle of totality is lacking.

Sterilization is *indirect* when the

resultant sterility is merely an unintentional by-product of a genuine therapeutic procedure (e.g., removal of a cancerous uterus, castration for cancer of the prostate, etc.). That the principle of totality has some application to indirect sterilizations is clear from the fact that Pope Pius XII used the principle in solving the problem of castration for carcinoma of the prostate. Nevertheless, if one keeps in mind his entire teaching, as well as the common teaching of theologians, one will note that this problem is completely solved only by using two principles: the principle of totality, which justifies the suppression of the endocrine function; and the principle of the double effect, which justifies the further effect of the loss of reproductive power.

b) *Treatment of a pregnant mother involving danger or actual harm to her unborn child.* It is evident that one may not simply apply the principle of totality when treatment of a mother entails danger for her child, because the child cannot be included under the subordination of part to whole requisite for the use of this principle. In other words, one may not make the absolute rule that any treatment, surgical or otherwise, which would be licit as regards a non-pregnant woman is also licit during pregnancy. When danger to the unborn child is involved, the principle of the double effect must be invoked; and in particular two questions must be considered: (a) whether the treatment helps the mother without *directly* harming

the fetus; and (b) whether there is a *proportionate reason* for using the treatment before the child can be safely delivered.

ORDINARY APPLICATIONS OF PRINCIPLE

From what I have written thus far, one might well wonder whether the principle of totality is ever applicable without qualification. The answer is that the principle has a very broad application. Whether they realize it or not, doctors are constantly using this principle when they use any form of treatment which, according to sound medical standards, is for the good of the patient and which does not produce further effects such as those I have indicated, e.g., sterilization or harm to an unborn child. Thus, it is in the proper application of this principle that we have the moral justification for surgical operations such as appendectomy, cholecystectomy, thyroidectomy, lobotomy, etc.; the destruction of organs and functions by irradiation; medical treatments with possibly untoward by-products, e.g., use of the antibiotics; etc. The essential point in all these things is that, in terms of the total welfare of the patient, there is a just proportion between the harm, inconvenience, and risk, on the one hand, and, on the other hand, the good to be accomplished for the patient. That, as I have said previously, is good medicine; and it is also good morality.

What about experimentation for the good of the patient? Before saying anything about this topic, it may be well to indicate clearly

what we mean by experimentation. Even medical treatments of proved worth are sometimes accompanied by risk because of the unpredictable reactions of the patient. Avoidance of such risks for the patient is one purpose of the careful diagnosis required by medical societies; and avoidance of similar risks for others is one purpose of the autopsy. Yet, even the utmost care cannot completely eliminate such risks; and it is not to this kind of risk that the expression, "medical experimentation," refers. Rather, experimentation usually means either the use of procedures that are not sufficiently established or the use of various procedures to discover some truth or to verify some hypothesis.

May experimentation, as just described, be used for the good of the patient? The answer lies in the proper application of the principle of totality. One must, therefore, make a prudent estimate of the patient's condition, of the probable good and probable harm that will result from the experimental treatment, of the availability of other treatments that might produce the same good without so much harm or risk, etc. In a word (besides the enlightened consent of the patient or his representatives), there must be a proportionate reason for using the experimental treatment.

SUMMARY

We have seen that there are cases in which the principle of totality has no application; and still other cases in which it is the basic

moral justification for therapeutic procedures. A brief summary of all these points may be helpful:

1. The principle of totality is essentially a principle of subordination of part to whole. This subordination exists in a physical body but not in a society; hence, the principle cannot be used to justify mutilations or risks for the good of society or of other persons.

2. In the case of a pregnant mother, both mother and child are distinct persons. Neither is subordinated to the other; hence the principle of totality cannot be used to justify the destruction of either life to save the other. The direct destruction of innocent life is never justifiable.

3. The generative power, as such, is not subordinated to the individual; hence, the principle of totality cannot be used to justify direct sterilization or any similar procedure.

4. Operations on, or treatments

of, a pregnant mother which involve *indirect* harm to, or destruction of, her unborn child or *indirect* loss of the child's life (e.g., removal of cancerous pregnant uterus, removal of disintegrating pregnant tube) require the application of the principle of the double effect. The principle of totality is not in itself sufficient for the solution of such problems.

5. *Indirect* sterilization (e.g., castration in the treatment of cancer, removal of diseased uterus or ovaries, etc.) requires the application of the principle of totality to justify the mutilation and the application of the principle of the double effect to justify the further effect of loss of fertility.

6. With the exception of the foregoing cases, the moral justification for all treatments used in the care of the sick is found in the principle of totality. This means, practically speaking, that in terms of the total welfare of the patient there is a *proportionate* reason for the use of the treatment.



BILLINGS GOLD MEDAL AWARD TO PRESIDENT OF EVANSVILLE CATHOLIC PHYSICIANS' GUILD

Dr. W. D. Snively, Jr., president of the Evansville, Indiana, Catholic Physicians' Guild, and associates at St. Mary's Hospital, received the Billings gold medal award for their scientific exhibit at the A.M.A. convention in Chicago during June. The annual Award is made for the best correlation of facts and for excellence of presentation. The exhibit concerned body fluids. *Fluid Balance Handbook for Practitioners*, published by Charles C. Thomas, Springfield, Ill., co-authored by Dr. Snively and Dr. Michael J. Sweeney, is just off the press.

RECENT PAPAL ADDRESSES

to

Cornea Donors

and

Congress of Fertility

commentary by

John J. Lynch, S.J.

Professor of Moral Theology, Weston College,
Weston, Mass.

WITHIN a single week during this past month of May, Pope Pius XII delivered two allocutions on medico-moral topics. The first was concerned principally with the question of corneal transplants; the second, addressed to participants in the Second World Congress of Fertility and Sterility, dealt with artificial insemination and with one method of procuring seminal specimens, namely, masturbation. As so often happens when papal pronouncements of this kind are made, both allocutions were promptly reported by the various press services of this country, but with varying degrees of completeness and accuracy. Perhaps now that the original texts of those addresses are available, it will be possible to determine somewhat more precisely what His Holiness actually had to say on several points which are of practical importance to modern doctors.¹

One thing to keep in mind when allocutions such as these are pub-

lished is that they surely will not contain anything sensational in the newspaper sense of the word, or even anything theologically novel. Usually when the Pope speaks by way of allocution on such matters, his purpose is either to confirm with papal authority a doctrine which has been previously taught by private theologians generally, or to call attention again to some point which the authoritative teaching Church has already declared to be so. Occasionally a debated issue may be decided one way or the other and a theological dispute thus finally settled. As far as the May allocutions are concerned, it seems quite safe to say that they are of the type which merely confirms or re-affirms established moral principles and conclusions. There appears to have been no intention on the part of the Pope to resolve any theological dispute in such a way as to declare now as illicit any medical procedure which previously had been defended as morally permissible. In other words our revised *Ethical and*

¹*Acta Apostolicae Sedis* 48 (1956), 459-67; 467-74.

Religious Directives for Catholic Hospitals still remains a dependable guide even in those medical areas which Pius XII traversed in these recent pronouncements.

CORNEAL TRANSPLANTS

One of the most significant items in the first of these two allocutions is the Pope's express declaration that he was restricting his discussion of organic transplantation to one specific procedure, namely, to the removal of corneas from bodies of the recently deceased for the purpose of restoring sight to the blind. "We restrict Ourselves," said Pius at the beginning of his address, "to the religious and moral aspects of the transplantation of the cornea, not between living individuals (of that We shall not speak today), but from the dead body to the living."

This explicit limitation of the question is important for this reason. It has for some time been a matter of disagreement among moralists whether organic transplantation from one living human being to another can be reconciled with the moral principles governing bodily mutilations.² Without now going into the details of that dispute, it can be said by way of practical conclusion that up to the time of this allocution there had been sufficient theological authority behind the more favorable opinion to justify its use in cer-

tain circumstances. Now after the allocution it can safely be asserted that, since the Pope deliberately chose not to intervene in the matter on so opportune an occasion, he is willing that the discussion continue among theologians, at least for the time being, and that he does not feel that there is apparent as yet evidence sufficient to decide the moral issue of organic transplantation *inter vivos*. Therefore, no. 40 of our *Directives* remains still a valid norm for problems of this sort:

Ordinarily the "proportionate good" that justifies a directly mutilating procedure must be the welfare of the patient himself. However, such things as blood transfusions and skin grafts are permitted for the good of others. Whether this principle of "helping the neighbor" can justify organic transplantation is now a matter of discussion. Physicians are asked to present practical cases for solution, if such cases exist.

It is still, of course, possible that at some later date papal pronouncement—either for or against—will be made on this phase of organic transplantation. But at the moment the question of live donor transplants remains *in statu quo*.

Returning then to the problem which Pius chose to discuss, namely, corneal transplants procured from cadavers, we note his moral appraisal of this practice is merely confirmatory of the solution which theologians had previously been giving: considered objectively and merely as a surgical procedure, this type of keratoplasty meets with no moral objection, provided only that certain precautions are observed. The first such precaution refers to

²For a discussion of this dispute, cf. Fr. Gerald Kelly's article which appears elsewhere in this issue of LINACRE QUARTERLY.

an habitual attitude of mind whereby we remain constantly aware of the relative dignity of a human cadaver. As the onetime abode of a spiritual and immortal soul and as temple of the Holy Ghost, the human body—destined itself for resurrection and eternal life—merits even in death a proportionate respect and reverence. Even in the legitimate uses to which a corpse may be put for the benefit of the living, no doctor should allow himself to develop the exclusively clinical mentality which would regard a human cadaver as no more than dead animal tissue.

A further proviso stipulated by His Holiness—one which is not unfamiliar either to theologians or to physicians—is the matter of requisite consent. Apart from exceptional cases, it would usually not be permissible to remove corneas from a corpse, even for the very laudable purpose of transplantation, without the consent of the next of kin (or of others whose right it might be to make proper disposition of a body) or contrary to the explicit refusal of the deceased expressed before death. This condition, as the Pope asserts, is dictated not only by the humane consideration which is due the bereaved; it is also a matter of strict right to be scrupulously respected.

Granted these precautions, however, it is clearly the teaching of Pius XII that the transplantation of corneas from the dead to the living is beyond moral reproach. More than that, he calls

it a positively virtuous thing for one to specify before death that his body be used for legitimate medical research and training. Such a decision, however, is usually not of obligation; and His Holiness warns against any intemperate form of propaganda in this regard which would create the false notion that one is ordinarily required in conscience so to dispose of his body for the benefit of others. He insists, too, that this right of choice is no less the prerogative of the poor than it is that of the wealthy or socially prominent. Civil laws on this matter, he concludes, should be so formulated as to guarantee proper respect for the rights of all concerned while at the same time providing for the legitimate requirements of medical science.

The allocution touches also upon an incidental point which sometimes causes concern to doctors and laymen alike. Is it wrong to accept, or even to demand, financial recompense for bequeathing one's body for medical purposes? The Pope's answer again confirms what theologians ordinarily have taught:

It is beyond doubt that grave abuses can occur if compensation is demanded; but it would be going too far to declare immoral every acceptance of recompense or every demand for one. The case is analogous to that of blood transfusion: it is creditable for the donor to refuse recompense; it is not necessarily a fault to accept it.

What the Pope is saying equivalently is that there is nothing intrinsically immoral in accepting payment either for giving one's blood or for agreeing that one's

body after death should be used for medical purposes. Circumstances of an individual case could be such as to make this financial consideration mercenary to the point of sin. But the lone fact of monetary recompense does not of itself introduce an element that is necessarily immoral.

MALE FERTILITY TESTS

One serious misrepresentation of the second May allocution was the report carried in some newspapers that the Pope had condemned any direct method of seminal sampling for the purpose of determining male fertility. This simply was not so. The Pope's own words throughout this section of his address make it abundantly clear that he was considering only one means of procuring seminal specimens, namely, deliberate masturbation ("*masturbatio directe procurata*").³ This was the only practice, relative to male fertility tests, which the allocution condemned. And in speaking as he did, the Pope was doing no more than reiterating, most clearly and most emphatically, what theologians and the Church had always taught with regard to direct masturbation, that no purpose, however, laudable, can justify this abuse of the sexual faculty.

³This address, like the one which preceded it, was delivered in French. However, in this section dealing with seminal sampling, the Pope spoke in Latin (the most common language of theologians), presumably because he wished to avoid even the remotest possibility of being misunderstood.

Consequently there is no need to modify in any way the conclusions which theologians had already formulated on the matter of seminal sampling for legitimate medical research. *Ethical and Religious Directives* explicitly states:

n. 29. The unnatural use of the sex faculty (e.g., masturbation) is never permitted, even for a laudable purpose.

n. 38. Sterility tests involving the procurement of the male specimen by masturbation or unnatural intercourse are morally objectionable.

And *Medico-Moral Problems*, II (14 - 17) distinguishes most carefully between those concrete sampling procedures which are morally permissible and those which are not. (Cf. also LINACRE QUARTERLY, May, 1954, pp. 54-57.)

ARTIFICIAL INSEMINATION

There is scarcely need of going into any great detail here as to the Pope's remarks in this same allocution on artificial insemination. His moral judgment of this practice was there expressed by repeating verbatim words he had addressed some seven years ago to a group of doctors convened in Rome:

As regards artificial insemination, there is not only reason for extreme reserve, but it must be entirely rejected. To say this is not necessarily to proscribe the use of certain artificial means designed only to facilitate the natural act or to enable that act, performed in a normal manner, to attain its end.

The Pope was speaking then of so-called homologous insemination (there was never any doubt among theologians as to the immorality of donor insemination), and it is the common understand-

ing of moralists that he thereby condemned any form of human fecundation which might be attempted altogether independently of natural conjugal relations. The full import of this pronouncement has been adequately explained by Gerald Kelly, S.J., both in the February, 1956 issue of LINACRE QUARTERLY and in *Medico-Moral Problems*, II, 17-22. Except to expatiate at some length on the ethical reasons underlying his

condemnation of artificial insemination, His Holiness added nothing to his teaching on the subject in his more recent allocution. He did, however, mention in passing—and for the first time, to my knowledge—a point that is theologically indisputable, namely, that "attempts at human artificial insemination '*in vitro*' . . . must be rejected as immoral and absolutely illicit."



Man of Science and Man of Faith

NIELS STENSEN

AMONG the Catholic scientists pictured in the permanent display of the Federation of Catholic Physicians' Guilds is to be found the likeness of Niels Stensen (Nicolaus Steno) whose cause for beatification is now before Rome. At the suggestion of the Executive Board to present biographical sketches of the Catholic men of science chosen for the exhibit, it seems fitting to begin with Bishop Stensen; interest in his life and work will be a stimulus to the efforts of those endeavoring to have the Church set her seal on this servant of God by raising him to the honors of her altars.

Niels Stensen was born on January 1, 1638 in Copenhagen. Already as a student at the university of that city he showed remarkable aptitude for physical sciences. During a period of research in Holland he won international repute by his anatomical discoveries (Stensen's duct, glands, structure of heart and muscles). Later he gave his famous lecture on the anatomy of the brain at Paris, whence he traveled to Florence. Here in the congenial company of men of science who were both gifted and profoundly

religious, Stensen's genius achieved extraordinary results; he laid the foundations of entirely new branches of science: geology, crystallography, paleontology.

In spite of these triumphs he remained humble and unassuming. Nor did he restrict his keen powers of observation, rare acumen and intellectual honesty to the domain of science: disagreement among protestants shook his faith in the Lutherism of his early years; a Corpus Christi procession made a great impression upon him; acquaintance with devout Catholics of learning and culture; a conviction of the holiness of the Church —these were some of the factors which led him, after prolonged study and reflection, to make his profession of faith on November 7, 1667.

Happy in his new faith he continued his research work until 1672, when he was appointed royal anatomist in Copenhagen. However, intolerance and misunderstanding soon made him return to Florence. Struck by the need for men devoted entirely to the salvation of souls, he decided eventually that he could serve God and humanity better as a priest

than as a scientist. In 1675 he was ordained, adding to his vow of celibacy one of voluntary poverty. An experienced writer, he used his pen to good effect (e.g., his open letter to the philosopher Spinoza), and in every way showed great priestly zeal.

Appointed bishop with jurisdiction over Northern Germany, Denmark and Norway, Stensen spent the last nine years of his life striving after personal holiness and working tirelessly for souls. He died after much suffering in Schwerin on December 5, 1686. His body was taken to his beloved Florence and buried in San Lorenzo.

All who study the life of this great scientist, convert and bishop will agree with the verdict of his contemporaries that he was a man of unusual sanctity; they will not fail to be impressed by his brilliance as a scientist, attracted by his gentle, unassuming goodness and edified by his holiness.

In the words of His Eminence John Cardinal d'Alton, Archbishop of Armagh Primate for all Ireland, "The story of Niels Stensen's life reads more like a romance than a reality. One of the happy results of the increasing interest in the history of science has been to rescue him from the comparative oblivion into which he had fallen, and to establish his outstanding importance as a scientist. He was clearly a many-sided genius endowed with rare gifts as an investigator in whatever field he laboured. He was able to make contributions in the sphere of

anatomy that were remarkable for his day, and that have earned for him an honoured place in every textbook of repute. But his rich and varied talents were equally conspicuous when he applied himself to the study of geology. Here he is regarded as a pioneer, who securely laid the scientific foundations on which subsequent scholars were enabled to build."

Further observations of Cardinal d'Alton indicate his opinion that apart from his achievements as a scientist, Niels Stensen has a special significance for our time. He states that we have passed through a century of dreary agnosticism, during which it was fashionable for scientists to deny God, or to ignore Him in their work. Man's discoveries in the realm of nature have been acclaimed without any reference to his Creator, and without any limits being set to their possibilities. The horrors of two world-wars, and the frightful potentialities of nuclear weapons have destroyed some cherished illusions, and have convinced not a few that something besides the gospel of materialism is needed to bring peace and happiness to a sorely troubled world. To Stensen it was clear that the study of nature must lead back to nature's God. He would agree that whenever science opens a new door, it always finds God behind it. So for him there could be no real conflict between religion and science, for God is the author both of the truths of science and the truths of revelation.

A small leaflet with a picture of Niels Stensen and a brief biography has been printed in English. The following notation is included:

Although care has to be used, before the approbation of the Church, in avoiding all that could be called public cult of Niels Stensen, there is no reason why

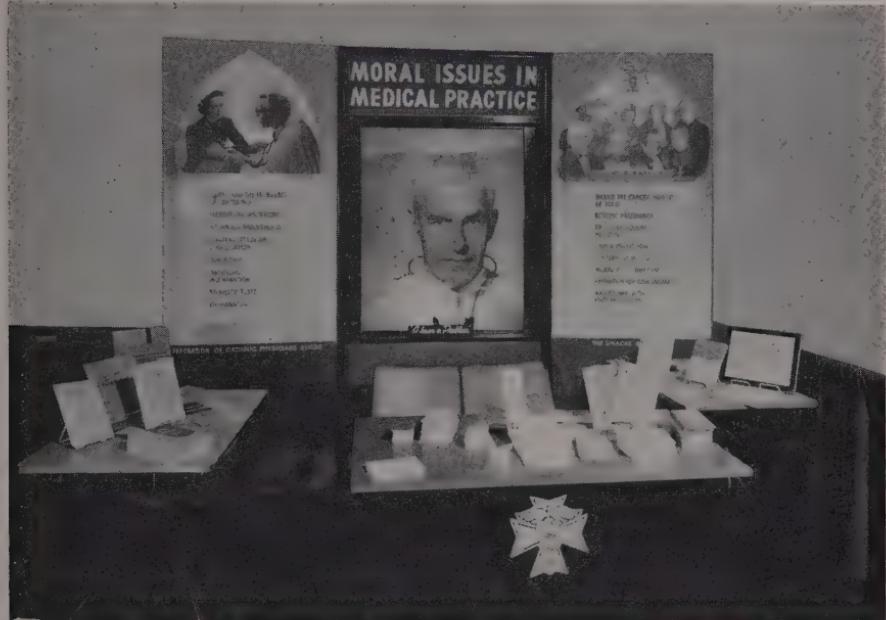
as many as possible should not ask his intercession, study his beautiful life profoundly and ask God to glorify his servant with beatification. All cases of favours and graces received through the intercession of Niels Stensen and all inquiries should be sent to G. Scherz, C. SS. R., Hans Bogbinders Allé 2, Copenhagen, S. Denmark.



THE WHITE MASS is scheduled for October 18 to honor St. Luke, Patron of Catholic Physicians. Plan to assist at Mass with your Guild for this special observance.



The Federation of Catholic Physicians' Guilds Exhibit



A.M.A. Convention — June 11-15, 1956

For the first time The Federation of Catholic Physicians' Guilds participated as an exhibitor in the American Medical Association Convention during the annual sessions held at the Navy Pier in Chicago, June 11-15, 1956.

Staffed by officers, Guild members, and personnel of the Federation central office, the booth received a steady complement of visitors during the five days the exhibits were open.

The photograph indicates the caption of the center panel to be "Moral Issues in Medical Practice" and this was the attraction that created interest. Visitors were asked to sign inquiry cards on which they had checked topics about which they would like information concerning the Catholic viewpoint on moral issues involved in medical practice.

The display was made possible through the generosity of Mr. Thomas J. Mahon, New York, of the Homemakers' Products Corporation. The tireless assistance of Dr. D. A. Mulvihill, New York City; Dr. E. J. Murphy, Bronx, New York, and Dr. J. Muccigrosso, Westchester, N. Y. in helping with the details deserves particular mention. Their zeal for the project was reflected in its apparent success, measured in the interest particularly of the non-Catholic doctors who wish further information regarding the Catholic attitude on medico-moral issues.

Book Review

Medical Guide to Vocations

René Biot, M.D. and Pierre Galimard, M.D.
(Trans. from the French and adapted into English
by Robert P. Odenwald, M.D., F.A.P.A.)

Review by

Maurice B. Walsh, S.J.

Weston College
Weston, Mass.

Many readers of THE LINACRE QUARTERLY are community physicians for seminaries or religious houses. These readers particularly will welcome this translation of the French work which reflects an aggregate experience of about half a century in this apostolate. Drs. Biot and Galimard published their first edition in 1945; Dr. Odenwald has translated the second edition, published five years later.

Up to the present, nothing has been published in English which treats extensively of the medical requirements for the priesthood and religious life and of the medical care of seminarians and religious in training. This translation, then, does answer a real need. The primary aim of the work seems to be the guidance of superiors of seminaries and religious houses; secondarily it is directed to physicians who examine candidates or who treat

them during their course of training.

The first section is concerned with the medical examination prior to entrance into the seminary or religious institute. This is followed by a section on the chief physical or psycho-physical problems which may arise during the period of formation. Finally, the authors indicate the medical problems giving rise to dismissal or departure from the seminary or religious institute and the question of readjustment after departure.

A good translation not only conveys accurately the meaning of the original but does so in a style wherein the original idiom does not intrude itself upon the consciousness of the reader. For the most part, the sense of the original French is conveyed accurately, though a few minor errors early in the book may indi-

cate that the first few chapters were done rather hurriedly. (For example, p. 43, the translation of "auquel nous faisions allusion" as "to which we are alluding" causes confusion, since the reference is to a citation made in the previous chapter. "A big head which is really all head" (p. 50) does not make much sense in English and does not translate "une tête grosse, tout en crâne".) A few inaccuracies are almost inevitable in the translation of any long work; here they are kept to a minimum.

Anything like gross transliteration has been avoided, though sometimes words or phrases are used which are not thoroughly English. For example, English or American religious would not refer to fellow-religious as "comrades" (p. 130); and occasional expressions like "sad avowals" (p. viii) have a flavor more French than English. Some awkward sentence structure and a lack of smoothness in transition make it difficult for the reader to forget he is reading a translation. The reverse image of the French casts a shadow on the English and the reader's attention is somewhat distracted, much as if he were reading a book printed on slightly transparent paper. Briefly, then, this is a moderately good translation, but more careful revision before publication would have made it far more enjoyable reading.

Any "house doctor" or examining physician will find in this work more valuable material on

this specialized field than in anything hitherto published in English. He will profit by the authors' generally acute insight into the psychology of beginners in the spiritual life. He will probably agree with and wish to point out to ecclesiastical superiors many of the excellent suggestions for the prevention of avoidable illness in the seminary or convent. In fairness, though, it should be pointed out that he will find this is not the definitive work on the subject. Some of the psychology and probably some of the medicine is a bit dated. There is no thorough handling of the acute moral problems of professional secrecy which he encounters either as a medical expert or in the physician-patient relationship. But until something better on the subject is published, he may do well to add this to his library.

That "something better" will have to be written by one of the chief benefactors of the Church in America—by one of that heroic group of underpaid (or, more usually, unpaid) "house doctors" without whom no seminary or religious house could function properly. From my observation of these overworked uncanonized saints, I fear it will be many years before one of them finds the leisure necessary to produce a more adequate work for the guidance of his colleagues.

Medical Guide to Vocations
published by

The Newman Press
Westminster, Maryland
1955, pp. xx + 303.

EXECUTIVE BOARD

Federation of Catholic Physicians' Guilds

JUNE MEETING

The June meeting of the Executive Board of The Federation of Catholic Physicians' Guilds was held in Chicago, Illinois, June 13, 1956, at Hotel Sherman. The following were present:

M. F. Yeip, M.D., President.
E. J. Murphy, M.D., Third Vice-President, also Bronx Guild.
J. J. Graff, M.D., Secretary, also Wilmington Guild.
L. D. Cassidy, M.D., Treasurer, also St. Louis Guild.
Rt. Rev. Msgr. D. A. McGowan, Moderator.
Cleveland Guild—R. M. Eiben, M.D., and Msgr. F. W. Carney.
Denver Guild—F. B. McGlone, M.D.
Detroit Guild—Wm. Chester, M.D.
Dubuque Guild—T. J. Gretzman, M.D., and Msgr. T. Gannon.
El Paso Guild—H. Bell, M.D.
Grand Rapids Guild—A. J. Tesseine, M.D.
Hammond Guild—D. T. Ramker, M.D. and Rev. R. Emmons.
Houston Guild—J. Winston Morrison, M.D.
Knoxville Guild—H. L. Neuenschwander, M.D. and Rev. L. Baldinger.
New Orleans Guild—Rev. T. U. Bolduc.
New York Guild—D. A. Mulvihill, M.D.
Rock Island Guild—C. B. Cunningham, M.D. and Rev. J. O'Connor.
Shreveport Guild—J. E. Holoubek, M.D.
Sioux Falls Guild—A. P. Reding, M.D.
Westchester Guild—J. Muccigrosso, M.D.
Rev. J. J. Flanagan, S.J., Editor, THE LINACRE QUARTERLY.
M. R. Kneifl, Exec. Secretary.
Rev. J. J. Foley, S.J., Creighton University.
Rev. J. Weishar, Peoria, Illinois.

Jean Read, Asst. Sec'y.

C. G. Krupp, M.D., Grand Rapids, Mich.

* * *

The meeting was called to order at 9:30 a. m.

After roll call, the President requested vote on the minutes of the Executive Board meeting, December 3-4, 1955, in Boston, Mass., as read by the Executive Secretary. Approved as mailed.

President's Report

The President advised that all matters of business reaching his attention are likewise reported to the Moderator's office and the central office of the Federation in St. Louis. Much effort was given to the preparation of the display for the Federation Booth at the A.M.A. Convention in Chicago, June 11-15.

Request for affiliation with the Federation came to the President from a Guild in Puerto Rico. To effect such membership, it is necessary to amend the Constitution of the Federation to include "and Possessions" (Article V, Section 1). Due notice will be sent to all Guilds.

The Linacre Quarterly

The Editor reported the May, 1956 circulation of THE LINACRE QUARTERLY to be 7,665. 3,795

LINACRE QUARTERLY

copies were mailed to Guild members and the balance to individual subscribers—doctors not members of Guilds, priests, sisters, hospitals, medical students and libraries.

The continued need for articles was emphasized. The Guilds were urged to send in papers given at their meetings for review by the Editorial Board as possible material for the journal.

It was suggested that biographical sketches of the Catholic men of science whose pictures were used for the Federation display might be of interest. The possibility of a Linacre Award for an outstanding article was proposed.

For further distribution of the journal, Guilds were urged to send THE LINACRE QUARTERLY to doctors in service both at home and abroad. The President pointed out the need of these men for the material that appears in the magazine.

Federation Membership

Membership in the Federation was reported as totaling 54 Guilds. Since the December, 1955 meeting of the Board, two Guilds were affiliated—Rochester, New York and Lafayette, Louisiana.

Guilds pending are:

New Britain, Conn.

Chicago, Ill.

Peoria, Ill.

Bay Shore, N. Y.

Toledo, Ohio

Philadelphia, Pa. (2nd Guild)

Washington, D. C.

Council Bluffs, Iowa

Pontiac, Mich.
Lima, Ohio
Evansville, Ind.
Bridgeport, Conn.

The White Mass

Observance of the Feast Day of St. Luke, October 18, was discussed. The Guild officers were advised that a national program of publicity will be developed for the occasion and that information would also be prepared for them to give their local outlets to which could be added time and place for their Mass. "The White Mass" symbolizes those who wear white while serving the sick and many Guilds offer their Mass before or after October 18, the nearest day when white vestments are worn. Guilds reported widespread acceptance of the Mass observance of the patron's feast day.

Medical Ethics Courses

In compliance with a request at the December Board meeting to be informed of the medical ethics courses conducted at Catholic medical schools, reports were secured and a resume presented. The courses consist of lectures and discussion periods. Basic moral principles are included in all courses; medico-moral aspects of many subjects provide wide field for discussion; spiritual care of patients is included at each school. Three schools provide medical ethics courses in two years of study; one conducts a four year course. This topic is to receive further consideration.

International Meeting of Catholic Doctors

The International Congress of Catholic Doctors is to be held in The Hague, Netherlands, September 9-16. The Federation Moderator Monsignor McGowan will represent the Guilds at the meeting.

Executive Board Winter Meeting

Representatives of the Cleveland Guild extended an invitation to the Board to hold its winter meeting in that city. Dates set for the sessions are December 8 and 9.

Federation Booth at A.M.A. Convention

The display of the Federation of Catholic Physicians' Guilds in Booth C-5, as part of the exhibit of the A.M.A. convention was regarded as an important contribution to the activities of this organization. Visitors came in great numbers and officers and members were on hand to describe the work of the Guilds. Inquiry cards signed by visitors were checked requesting information concerning the Catholic viewpoint on many moral issues in medical practice.

The Fall River Guild used the display at a meeting prior to the A.M.A. convention.

A sample of a smaller display for regional or State meetings of doctors was on hand. When details of cost and availability are fully determined, the Guilds will be advised. It is felt that the use of these displays in hospital medi-

cal staff rooms and other areas frequented by doctors would stimulate interest in Guild membership and help to increase subscriptions to **THE LINACRE QUARTERLY**.

Silver Jubilee—Federation of Catholic Physicians' Guilds

The year 1957 marks the 25th anniversary of The Federation of Catholic Physicians' Guilds.

A history of activities will be prepared and published in **THE LINACRE QUARTERLY**, and other media of publicity will be developed.

During the A.M.A. meeting June 3-7, 1957, special observance of the jubilee will take place. It was suggested that a dinner meeting, permitting more time than a luncheon session, would be in keeping with the occasion. The details of the Silver Jubilee meeting will be formulated at the December meeting of the Executive Board.

Guild Reports

Representatives reported Guild activities. These were included in the Bulletin "Guilds in Focus" prepared and mailed to Guild presidents and moderators.

Other Business

A message expressing wishes for recovery was sent to Dr. J. J. Toland, Jr., immediate past president of the Federation, who had suffered a heart attack just prior to the June meeting.

The Moderator advised that a communication had been received

from the Rural Life Conference advising of an Award to be given for the best contribution to rural life. The Federation was invited to submit names of those considered eligible.

The meeting adjourned at 12:30

followed by luncheon for Catholic physicians and friends. Dr. Anthony J. J. Rourke, hospital consultant, New Rochelle, New York, addressed the group on accreditation and its meaning for the medical staff.



A Physician's Prayer

Divine Healer of the sick, Christ Jesus Our Lord, without Whose aid I can do nothing, look down with favor upon me. Give skill to my hand, clear vision to my mind, kindness and sympathetic understanding to my heart. Give me singleness of purpose, strength to lighten at least a part of the burden of my suffering fellowmen and a true realization of the privilege that is mine. Direct my work that it may be praiseworthy in Thy sight and successful unto those entrusted to my care. Give me the strong and simple faith of a child that I may rely on Thee and in all things do Thy Will. Amen.

Printed with Ecclesiastical Permission.

A Physician's Prayer is published by The Federation of Catholic Physicians' Guilds. It is printed in handy wallet-size on card stock. Write to the central office, 1438 South Grand Blvd., St. Louis 4, Mo., for a supply to distribute to Guild members and others.

